

Town of Islip

3 on 3 Basketball Tournament

Friday, March 14, & Saturday, March 15, 2008 at the Oakdale Bohemia Middle School

*Boys Divisions, Ages: 9-10, 11-12, & 13-14

*Girls Divisions, Ages: 12 & under, & 13-14

*** Must be division age as of first date of event**

Fee: \$55.00 per team - Town of Islip Residents (All Team Members)

Fee: \$70.00 per team - Non-Residents

* Four Member's per team * Double Elimination * Certified Officials * Memorabilia*

Awards

Plaques for 1st and 2nd place teams in each Division

Plus a Special Award for the First Place Team in each Division

Rules will be mailed upon receipt of application

REGISTRATION

Mail form to: **Town of Islip Recreation Department**

50 Irish Lane, East Islip, NY 11730, Att: Sports Office

Please make checks payable to: Town of Islip

For additional info. call 631-224-5403

**Please Note: Each participant must have his or her parent or guardian sign the application. You may not sign for anyone other than your own child or ward.*

Deadline: Applications must be in by March 7, 2008

Registration Form

Team Name: _____ Division: _____ Male: _____ Female: _____

1. Team Member _____ Age: _____ Date of Birth: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

Participant Signature: _____ **Parent/Guardian Signature:** _____

2. Team Member _____ Age: _____ Date of Birth: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

Participant Signature: _____ **Parent/Guardian Signature:** _____

3. Team Member _____ Age: _____ Date of Birth: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

Participant Signature: _____ **Parent/Guardian Signature:** _____

4. Team Member _____ Age: _____ Date of Birth: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

Participant Signature: _____ **Parent/Guardian Signature:** _____

Waiver: In consideration of the acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to me while traveling to and from participating in the 3 on 3 Tournament against the Town of Islip, Connetquot Central School District or their respective officers, agents, representatives, or successors along with any sponsors, supporters and volunteers of said event, as a result of my participation in said tournaments. I hereby attest and verify that I have full knowledge of the risks involved in participating in this event and that I am physically fit and sufficiently trained to participate. I have read the above statement, I understand it and the signatures above confirm its full acceptance.

Name of Card Holder: _____ Date: _____

Master Card ____ VISA ____ Card # ____ Exp. Date: _____